

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061025

FILED
Mar 22, 2006
Secretary of State

Entity Name: AT YOUR HOME EYECARE, P.A.

Current Principal Place of Business:

1844 NOB HILL ROAD #261
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1844 NOB HILL ROAD #261
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-1019990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, AGNES
1501 NW 100 WAY
PLANTATION, FL 33332 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BERG, SETH M DR.
Address: 1844 NOB HILL ROAD #261
City-St-Zip: PLANTATION, FL 33322

Title: VTD (X) Delete
Name: BERG, SUZANNE
Address: 1844 NOB HILL ROAD #261
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SETH M BERG

PSD

03/22/2006

Electronic Signature of Signing Officer or Director

Date